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*Effective on 12/08/2004.*  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

# FEE TRANSMITTAL

## For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

|                         |      |        |
|-------------------------|------|--------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 245.00 |
|-------------------------|------|--------|

### *Complete if Known*

|                      |                         |
|----------------------|-------------------------|
| Application Number   | 10/574,267-Conf. #9048  |
| Filing Date          | March 31, 2006          |
| First Named Inventor | Yandapalli Durga PRASAD |
| Examiner Name        | L. A. Stelling          |
| Art Unit             | 1797                    |
| Attorney Docket No.  | 2761-0173PUS1           |

### METHOD OF PAYMENT (check all that apply)

|   |                                      |                                      |                               |   |
|---|--------------------------------------|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check                      | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account |                                      |                                      |                               | Deposit Account Number: 02-2448                         |

Deposit Account Name: Birch, Stewart, Kolasch &amp; Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|  |   |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 |   |
| <input type="checkbox"/> Credit any overpayments   |   |

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       |                |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility          | 330         | 165                   | 540         | 270                   | 220              | 110                   |                |
| Design           | 220         | 110                   | 100         | 50                    | 140              | 70                    |                |
| Plant            | 220         | 110                   | 330         | 165                   | 170              | 85                    |                |
| Reissue          | 330         | 165                   | 540         | 270                   | 650              | 325                   |                |
| Provisional      | 220         | 110                   | 0           | 0                     | 0                | 0                     |                |

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

| Fee Description                                    | Fee (\$) | Fee (\$) |
|--|----------|----------|
| Each claim over 20 (including Reissues)            | 52       | 26       |
| Each independent claim over 3 (including Reissues) | 220      | 110      |
| Multiple dependent claims                          | 390      | 195      |

Total Claims - 20 = 64 = X = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 3 = 0 = X = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| 24           | - 20 = 4     | X = 0    | = _____       | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |

Total Sheets - 100 = 50 = (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

Fee Paid (\$)

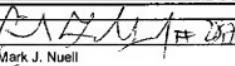
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month

245.00

#### SUBMITTED BY

|                   |   |                                      |
|-------------------|---|--------------------------------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) |
| Name (Print/Type) | Mark J. Nuell   | 36,623                               |
|                   |   | Telephone (858) 356-5959             |
|                   |   | Date December 2, 2008                |